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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90020 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702516

1. Corporation Name
LAFAYETTE ARMS INC

Principal Place of Business 2866 NE 30 ST FT. LAUDERDALE FL 33306	Mailing Address 2866 NE 30 ST FT. LAUDERDALE FL 33306
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/01/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0999437
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NORRIS, SANDRA 2866 NE 30TH ST FT. LAUDERDALE FL 33306	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sandra Norris - TRES. DATE March 4 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NORRIS, SANDRA		1.2 NAME Pfeifer, John	
STREET ADDRESS 2866 NE 30ST		1.3 STREET ADDRESS 2866 n.E 30 st,	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP Ft. Lauderdale, FL,	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GIERING, R.H.		2.2 NAME Doane, Jim	
STREET ADDRESS 2866 NE 30TH ST		2.3 STREET ADDRESS 2866 n.E 30 st,	
CITY-ST-ZIP FT LAUDERDALE, FL 00000		2.4 CITY-ST-ZIP Ft. Lauderdale, FL,	
TITLE ATD	<input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUGHES, LOUISE		3.2 NAME Hughes, Louise	
STREET ADDRESS 2866 NE 30TH ST		3.3 STREET ADDRESS 2866 n.E 30 st,	
CITY-ST-ZIP FT LAUDERDALE, FL 00000 33306		3.4 CITY-ST-ZIP Ft. laud. FL	
TITLE ASD	<input type="checkbox"/> DELETE	4.1 TITLE 1st VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOHENY, MARY JANE		4.2 NAME Doheny, Mary Jane	
STREET ADDRESS 2866 NE 30TH ST.		4.3 STREET ADDRESS 2866 n.E 30 st,	
CITY-ST-ZIP FT LAUDERDALE, FL 00000		4.4 CITY-ST-ZIP Ft. laud. FL,	
TITLE VPD	<input type="checkbox"/> DELETE	5.1 TITLE 2 VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOSSELLMAN, VERNE		5.2 NAME Hossellman, Verne	
STREET ADDRESS 2866 NE 30TH ST		5.3 STREET ADDRESS 2866 n.E 30 st.	
CITY-ST-ZIP FT.LAUDERDALE FL		5.4 CITY-ST-ZIP Ft. laud. FL,	
TITLE PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNSON, LESTER		6.2 NAME	
STREET ADDRESS 2866 NE 30TH J ST		6.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Norris SIGNATURE REQUIRED 3-4-99 DATE 954-568-3073 DAYTIME PHONE #

CR20EN37 (1-1/98)